RECEIVED

PIERCE COUNTY REPORT OF INCIDENT OR UNSAFE CONDITIONER 0.9 2010 (Do NOT use to report County-owned VEHICLE damage OR County EMPLOYEE INJURIES)

Department	2 . 1 . 1	0 10	Your Department's	Risk Management BARS	Code:
4	ublic Works	- Koad Op	150.2	100.6200.542	9046.0030
Employee Completing Report	Employee Name Scott	Kennar			
	Division, Section, Etc. Roa				
	Work Address M E			Work Phone 798-600	•)
Person injured/involved in the Accident or Incident	Name			Age	
	Home Address			Home Phone	
	Occupation				
	Employed By:			Work Phone	
			an In all a mato		
	What was the involved person de	oing at the time of accident (or incident?		
Date, Time and Place	Date 2-5-10	Tìi	me 1:20	A.M. P.M.	
	Location 33100 - 33	200 Black	of Mt.	Tahoma K	Ed.
The Injury	Nature and extent of injury				
	Where was injured taken after accident? Name of Doctor				
	Why was injured on premises?				
	Owner's Name	m/ - 0		Home-Rhone	11.
Property Damage	Capie on	phone Co	at wir	L BRUSH C	uttel
or Theft of Property	List damage:				
	Police Case #:				
	7				
Description of	(Attach additional sheets if necess I was cuttive or phone line with the Bi	ssary.)	Tahoma R	20 hit a	couble
	I WAS CATIO		and a sh	o GRASS a	Mem
Accident, ncident or Unsafe	on prone line	laying the	anaei +		
Condition	with the bi	rush carrer	_		
	Locates Required? YES	No	Locate #:		
Describe 1st Ald:	Locates Required? TES		ARKS - Did person resun	ne skating? YES	10 🗍
Witnesses	Name	Address	Wk Pho		
	Name	Address	Wk Pho	ne Hm Phon	е
	Date, location and badge # or name of police authority to whom incident was reported:				
			10		
	Signature of Employee		Signature of Departm	ent or Agency Head	2011
-510	Arol	212		1/1/	011
Return completed	form to:		WVV	V	A Mark

PIERCE COUNTY RISK MANAGEMENT 955 Tacoma Avenue South, Suite 303 Tacoma, WA 98402

6 **28** 30.

